

# APPLICATION FOR REVIEW (RETURN TO WORK)

Section 99 *Return to Work Act 2014* (RTW-03)

SOUTH  
AUSTRALIAN  
EMPLOYMENT  
TRIBUNAL

Case number (SAET use only)

## About this form

- This is the approved form to apply for SAET to review a decision in accordance with section 99 of the *Return to Work Act 2014*.
- This form may be completed electronically and lodged as an email attachment (not a scan). A signature is not required.

## 1 OTHER PROCEEDINGS BEFORE SAET

Are there any other proceedings before SAET involving the same parties to this application?

 No  Yes – provide (one of) the SAET Case number(s)

## 2 PARTIES (SUMMARY) *DO NOT COMPLETE*

If complete electronically, this section will auto-populate with details you provide in [Attachment 1 - Parties \(Detail\)](#) (enclosed at the end of this form) which must be completed prior to lodgement.

Name (Party type)

Contact's last name

### Applicant

Representative  
(if applicable)

### Respondent

### Other party

If there are more parties to this application than this form provides for, please also complete an 'A10 - Details of Additional Party' (available from [www.saet.sa.gov.au](http://www.saet.sa.gov.au)) form for all other parties and submit with your application.

## 3 DECISION DETAILS AND APPLICATION TIMEFRAME

Is a copy of the decision attached to this application?

 Yes  No – provide reason(s) why not

Date of the decision

Date you received the decision

Are you lodging this application within one month of receiving the decision?

 Yes  No – detail the reasons why an extension of time should be granted

Is the dispute in relation to an Expedited Decision made by a SAET Commissioner in accordance with section 102(7)?

 Yes  No

## 4 INJURY DETAILS

Date of the injury (or when you first became aware of the injury)

Type of injury

Claim number

## 5 DETAILS OF APPLICATION

Why do you say the decision is wrong?

Explain your reasons in full.

What compensation are you seeking?

Set out the type and extent of compensation sought

If the reviewable decision has reduced or discontinued your weekly payment, do you make an application under section 48(9) for the operation of that decision to be suspended?

- Not applicable
- No
- Yes – If yes, parties must be prepared to make submissions at the Initial Directions Hearing with regard to all aspects of section 48(9).

## What information would you like SAET to consider?

Set out what information supports this application

## Supporting attachments

List and attach the documents that you say support this application. You are required to attach all relevant documents that SAET should consider. Failure to attach such documents may affect how quickly your matter may be resolved.

## 6 LODGING YOUR COMPLETED FORM

By lodging this application, I declare that:

- I am the applicant or I am legally authorised to lodge this application
- To the best of my knowledge, all information provided in this application is true and correct
- I will attach all relevant supporting documents to this application form
- I understand that the information provided will be used to determine eligibility to initiate proceedings
- I understand that a copy of this application, and any supporting documents, may be sent to others who may have a direct interest in the proceedings. The *South Australian Employment Tribunal Act 2014* governs what information is available to be viewed publicly.

Name of person lodging the application

Date

**To lodge your completed form:**

1. **Save** it to your computer - SAET does not require a signed version so there is no need to print and scan
2. **Email** it with any supporting documents to [saet@sa.gov.au](mailto:saet@sa.gov.au).

*Ensure you complete Attachment 1: Party (Detail) enclosed over the page*

## ATTACHMENT 1 - PARTIES (DETAIL)

### A. Applicant

Are you (the Applicant) the:

- Worker  Dependant  Guardian  Employer  Service Provider

Are you (the Applicant) an individual or lodging on behalf of an organisation?

- Individual

- Organisation – specify Organisation legal name

Organisation trading name

### Contact details

Title	Given name	Other given names	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job title	Date of birth (individual parties only)
<input type="text"/>	<input type="text"/>

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Email (if provided, correspondence will be emailed)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require an interpreter?

- No  Yes – specify language / dialect

Do you have any other special requirements?

- No  Yes – specify requirements

### Applicant representative details

Are you (the Applicant) represented?

- Yes  No – go to *B Respondent*

Type of representative

- Legal  Employer association  Union

Is the representative an individual or acting on behalf of a representative organisation?

- Individual

- Organisation – specify Representative organisation name

### Representative contact details

Title	Given name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit number	Street number	Street name / PO Box	Street type (eg Street, Road, Drive)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Mobile	Email (if provided, correspondence will be emailed)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. Respondent (Compensating Authority)

Name of Compensating Authority

## C. Other party

Other party is the:

- Worker  Employer  Not specified

Other party is an:

- Individual

- Organisation – specify Organisation legal name

Organisation trading name

## Contact details

Title

Given name

Family name

Job title

Unit number

Street number

Street name / PO Box

Street type (eg Street, Road, Drive)

Suburb

State

Postcode

Phone

Mobile

Email (if provided, correspondence will be emailed)